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FIRST CASE OF LEISHMANIOSIS CUTANEA IN VENEZUELA*

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Credit must be accorded to Lindenberg (1909) for having identified the Bauru ulcer of the state of Sao Paulo, Brazil, with the Biskra Button. In substance, the cause of those tegumentary ulcerations is a protozoon of circular or oval shape, of 2 to 4 μ in length and 1 to 2 μ in width, classified by Vianna (1913) under the denomination of *L. braziliensis*, the specific agent of the leishmaniosis cutanea, a disease known in some parts of Venezuela by the vulgar name of festering wound.

L. braziliensis in preparations colored with Giemsa's stain presents an oval-shaped nucleus of violet tint situated near the anterior extremity; its protoplasm is but slightly affected by the coloring matter and is somewhat bluish.

The kinetonucleus or blepharoplast is located exactly in the line of the lesser diameter of the protozoon. The fundamental character of the Leishmania is the presence in the interior of the protoplasm of a stained band of pale red, situated perpendicularly to the kinetonucleus, which is called *rizoplate*.

The disease has been described in other states of Brazil by Carini (1909), Piraja da Silva (1912), and Matta (1910); in Surinam, by Flu (1911); in Peru by Escomel (1911) and Gastiaburu (1913); in Paraguay by Migone (1913); in Bolivia by Sagarnaga (1912); in Panama by Darling (1911), and in French Guiana by Nattan-Larrier and Heckenrath (1909).

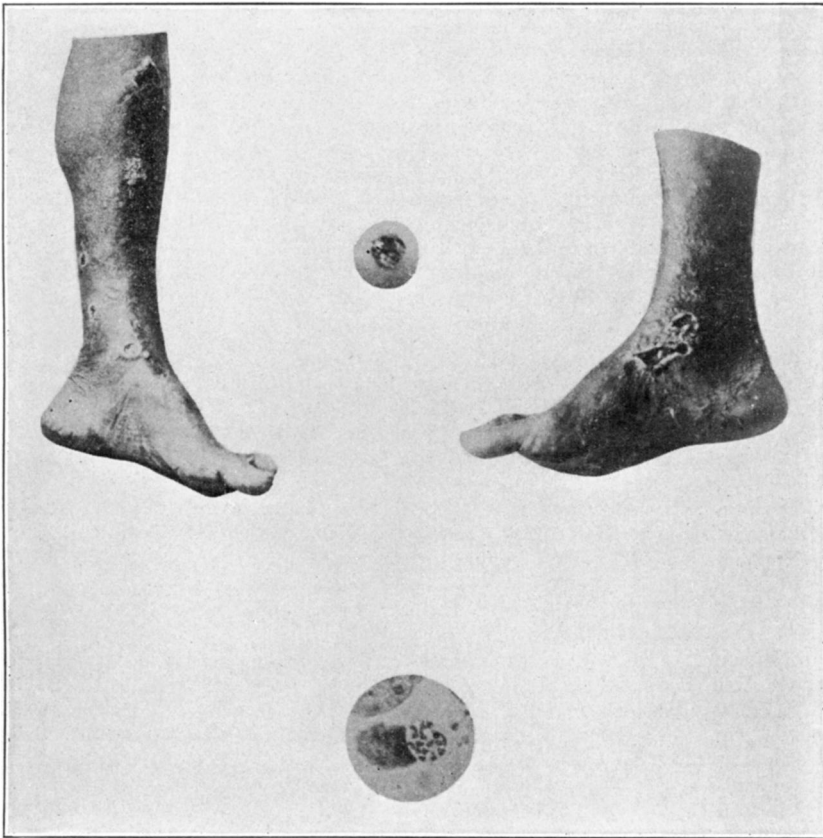
The patient who was the subject of the present discussion, as well as the related microscopic preparations, were submitted to the National Academy of Medicine and studied in our laboratory by Drs. Gorgas, Guiteras, and Carter, members of the Yellow Fever Commission of the Rockefeller Institute, who confirmed our diagnosis.

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X. X. arrived at our clinic from San Fernando de Apure, where he resides and is engaged in the cattle industry. He is a peasant cattleman of our friend C. E.

He states that two years previously he suffered in both legs various pruriginous acne, hard, violet colored, resisting all medication. These tumors increased in extent until they ulcerated. Some of them healed spontaneously, while others remained in the same state; the ulceration was characterized by hard edges, a cover of black crust, and bad odor.

In the month of August of last year he decided to consult us, having had no improvement from any of the treatments to which he had been submitted.



As may be seen in the photoplate which accompanies this note, the lesions of the skin are localized in both legs. In the right forearm and the knee of the same side movable nodules may be readily observed situated in the sub-dermic region. During the course of his illness X. X. does not remember to have suffered from fever.

The examination of the blood gave the following result:

Red corpuscles.....	4,800,000
White corpuscles.....	10,000
Hemoglobin	73:100

Leukocytal formula

Polynuclear eosinophiles.....	11 %
Polynuclear basophiles.....	33.5%
Mononuclear	2.9%
Large lymphocytes.....	18 %
Small lymphocytes.....	32 %
Transitional forms.....	2 %

The Wassermann reaction was ——. The preparations effected with the serosity and the blood of the lesion, previously scraped, colored with Giemsa's stain, showed the presence of a great quantity of *L. braziliensis*.

This case was submitted to the emetic treatment, following the methods of Vianna (1912 and 1914), Carini (1914), and Utra Silva (1915). One month after treatment, the cure was definite.

We employed the emetic of Baiss Brothers in an aqueous solution of 1 per cent. Sterilization is done by filtering cold through a Berkefeld filter. Every two days there will be intravenous injections of 5 c.c. of the solution referred to, until cure is complete. Care should be taken to inject the liquid as slowly as possible, in order to avoid the fits of coughing and muscular pains which are apt to result when the emetic solution is introduced rapidly into the vein.

Lindenberg (1913) has employed also in this disease trixidine (oleaginous emulsion of trioxide of antimony), a substance recommended by Kolle (1913) for the treatment of trypanosomiasis. This has given excellent results.

REFERENCES CITED

- Carini, A. 1909. Revista Medica de Sao Paulo, p. 111.
 1914. L'émetique dans le traitement de la leishmaniose cutanée et muqueuse. Bull. Soc. Path. Exot., 7: 277-281.
 da Matta, A. A. 1910. Revista Medica de Sao Paulo, p. 440.
 Darling, S. T. 1911. Oriental Sore in Panama. Arch. Inter. Med., 7: 581-597.
 Darling, S. T., and Connor, R. C. 1911. A Case of Oriental Sore (Dermal leishmaniasis) in a Native Colombian. Jour. Amer. Med. Assn., 56: 1257-1258.
 Escomel, E. 1911. La espundia. Bull. Soc. Path. Exot., 4: 489-492.
 Flu, P. C. 1911. Die Aetiologie der in Surinam vorkommenden sogenannten 'Boschyaws' einer der Aleppobeule analogen Erkrankung. Centralblatt f. Bakt., 1 Abt., Orig., 60: 624-637.
 Gastiaburu, J. C. 1913. Verruga Peruna, Oroya Fever and Uta. Jour. Amer. Med. Assn., 61: 1713-1718.
 Kolle, W., Hartoch, O., et al. 1913. Ueber neue Prinzipien und neue Praeparate für die Therapie der Trypanosomen-Infestationen. Dtsch. Med. Wochenschr., 39: 825-828.
 Lindenberg, A. 1909. Revista Medica de Sao Paulo, p. 116.
 Lindenberg, A. 1913. Tratamento da ulcera de Bauru. Annaes paulistas de medicina e cirurgia, 1: 151.
 Migone, L. E. 1913. La Buba du Paraguay, leishmaniose Americaine. Bull. Soc. Path. Exot., 6: 210-218.
 Nattan-Larrier, L., and Heckenroth, F. 1909. Sur uncas de pian-bois de la Guyane, ulcere a leishmania de la Guvane. Bull. Soc. Path. Exot., 2: 587-591.
 Sagarnaga. 1912. El nuevo concepto de la espundia. La Revista Medica, No. 5.
 Silva, Piraja da. 1912. The Cutaneous Leishmaniosis at Bahia. Arch. Parasitol., 15: 401-424.
 Vianna, G. 1912. 7th Brazilian Congress of Medicine and Surgery, em Belo Horizonte. 4° sessao de S. B. de dermatologia. Anno I. Arch. Braz. Med. Anno II, No. 3: 426.

Vianna, G. 1913. Certain Forms of Leishmania. Bull. Brazil. Soc. Dermatology, Nos. 2-3, p. 78.

Vianna, G. 1914. Sobre tratamento de leishmaniose tegumentar. Arch. Paul. de Med. e Cir., No. 6:167.

Utrac Silva, O. 1915. Sobre a leishmaniose tegumentar e seu tratamento. Memorias do Instituto Oswaldo Cruz, 7:213-248.

NOTE.—Since this paper was put in shape for publication several other cases of Leishmaniosis have been observed in Venezuela. One case treated by intravenous injections of emetin has been sent to me by one of my colleagues in the interior of the country; it has already had a duration of four years.